

1001 WATER STREET SUITE A-100 KERRVILLE, TX 78028 TEL 830.896.5200 FAX 830.896.5202 www.gvnw.com

January 20, 2017

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554

RE: WC Docket 14-171, Annual Lifeline Eligible Telecommunications Carrier Certification Form for La Ward Telephone Exchange, Inc. (499 Filer ID No. 808026)

Dear Ms. Dortch,

On behalf of La Ward Telephone Exchange, Inc. (La Ward), and pursuant to 47 C.F.R. §54.416, enclosed is La Ward's Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555). As required, this filing is also being sent to USAC and the Public Utility Commission of Texas.

Please contact me at 830.895.7221 or cspears@gvnw.com with any questions or concerns.

Sincerely,

Courtney Spears

Authorized Representative for

La Ward Telephone Exchange, Inc.

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST
Deadline: January 31" (Annually)

442103		143007192
Study Area Code (SAC) (An Eligible Telecommunicati		Service Provider Identification Number (SPIN) rification form for each SAC through which it provides Lifeline service)
2016	Texas	La Ward Telephone Exchange, Inc.
Recertification Year	State	ETC Name
N/A		N/A
DBA, Marketing, or Oth (If same as ETC name, list N.	er Branding Name 4° Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N.A" Do not leave blank)
Does the reporting compa	ny have affiliated ETCs?	Yes No Z
werermined in accordance with M	Clion 3(2) at the Communications A	using page 4 and additional sheets if necessary. Affiliation shall be tet That Section defines "affiliate" as "a person that (directly or indirectly) tership or control with, another person " 47 US.C. § 153(2). See also 4?
Affiliated ETC's SAC		Affiliated ETC's Name
laws (or partnership agreem	legal document. An officer is ent), and would typically be pr	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, or is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cert	ification All ETCs must complete ti	is section
I certify that the company lis	ted above has certification pro	cedures in place to:
mai, to the best of my	knowledge, the company was	tation prior to enrolling a consumer in the Lifeline program, and a presented with documentation of each consumer's household ner enrollment in Lifeline; and/or
B) Confirm consumer eligi Lifeline administrator pri	bility by relying upon access or to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the compabove.	any named above. I am autho	prized to make this certification for the Study Area Code listed
Initial tip		

T.

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a black, enter a zero.

٨	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 culendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers described prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 catendar year
1	0	0	0	1

Recertification Results:

F	G	H = (F-G)	-	J = (II+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Black G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of incligibility from ETC recertification attempt
0	C	0	O	0

К	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
1	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above. Initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial_

	AND/OR
B)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	Solix
	(List database or name of administrator here)
	Describe and amended in the about above in 121-14-15 to the second of the second

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial #

OR C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial_

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N == (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
1	0	0

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month

Is the ETC subject to the non-usage requirements? Yes No 🖸

If yes, record the number of subscribers de-enrolled for non-usage b_{δ} month in Black Q below.

P	
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	

Signature Block

By signing	below, I	certify th	at the	company	listed a	above is	in a	con	npliance w	ith i	all fed	eral	Lifeline certi	ficati	on
procedures.	l am a	n officer (of the	company	named	l above.	La	m	authorized	to	make	this	certification	for t	he
Study Area	Code (S	AC) listed	above	*										,	***

Study Area Code (SAC) listed above.	warrant to remit this certification for th					
Signed,						
- Jorni Renden	Tern Parker General Manager					
Signature of Officer tem@laward org	Printed Name and Title of Officer					
Email Address of Officer Courtney Spears	Contraction and Contraction an					
Person Completing This Certification Form	Contact Phone Number					

Affiliated ETCs

SAC	Name
	A CONTRACTOR OF THE PROPERTY O
National and the Administration of the Admin	